

FILED OCT 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34511

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>329</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bonne Terre</u>		c. LENGTH OF STAY (in this place) <u>24hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Desloge, Mo.</u>		<u>1940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>301. Monroe</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u>		b. (Middle) <u>Vernon</u>		c. (Last) <u>Powell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3, 1950</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u>		8. DATE OF BIRTH <u>July 9, 1947</u>	
9. AGE (In years last birthday) <u>3</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		11. BIRTHPLACE (State or foreign country) <u>Bonne Terre Hospital, Mo.</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>Frank H. Powell</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara McCanless</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank H. Powell</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Organism weak. No previous illness</u> DUE TO (c) <u>Spastic paralysis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> <u>191X</u> <u>3 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 2, 1950</u> , to <u>Oct 3, 1950</u> , that I last saw the deceased alive on <u>Oct 3, 1950</u> , and that death occurred at <u>2:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. L. Foster</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Desloge Mo</u>		23c. DATE SIGNED <u>Oct 5, 1950</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-5-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>K.P. St. Francois</u>		24d. LOCATION (City, town, or county) (State) <u>Desloge, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 10, 1950</u>		REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Z. Boyer & Son, Desloge</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
OCT 16 1950
DISTRICT HEALTH OFFICE No. 4
File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 3660

P. O. Address Des Moines, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.